



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on August 26, 2005.


Charles W. Griggers

In Re Application of: Confirmation No.: 8201
Sherwood, Amy L. Group Art Unit: 2154
Serial No.: 09/921,659 Examiner: Clark, Isaac R.
Filed: August 6, 2001 Docket No.: 190252-1660

For: System and Method for Selective Application of Email Delivery Options

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Page
RCE Transmittal Page
Fee Transmittal
Extension of Time (1 Month)
Check in the amount of \$120.00 for Extension of Time Fee
Credit Card Authorization in the amount of \$790.00 for RCE Fee
Amendment and Response to Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



Effective on 12/08/2004

Fee Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$910.00)**

Complete if Known

Application Number	09/921,659
Filing Date	August 6, 2001
First Named Inventor	Sherwood, Amy L.
Examiner Name	Clark, Isaac R.
Art Unit	2154
Attorney Docket No.	190252-1660

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify):

Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees		Search Fees		Examination Fees		
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESSIVE CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee(\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
34	-20 or HP = 0	50.00	0.00	Fee (\$)
HP = highest number of total claims paid for, if great than 20				Fee Paid (\$)

HP = highest number of total claims paid for, if great than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
5	-3 or HP = 0	200.00	0.00	Fee (\$)
HP = highest number of total claims paid for, if great than 3				Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100 = 0/50=	0	(round up to a whole number) x 250.00 = 0.00		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fee Paid (\$)
Other: 1 Month EOT (\$120.00); RCE (\$790.00)	0.00 \$910.00

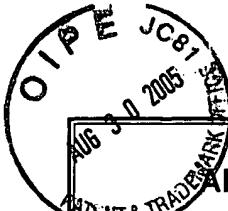
SUBMITTED BY

Complete (if applicable)

Signature		Registration No. 47,283	Telephone Number 770-933-9500
Name: (Print/Type)	Charles W. Griggers		Date: August 26, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s): **Sherwood, Amy L.**

Docket No.

190252-1660Serial No.
09/921,659Filing Date
August 6, 2001Examiner
Clark, Isaac R.Confirmation No.
8201Group Art Unit
2154**Invention: System and Method for Selective Application of Email Delivery Options****Commissioner for Patents**
Mail Stop RCE
P.O. Box 1450
Alexandria VA 22313-1450

Transmitted herewith is an Amendment and Response to Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	34 -	34 =		X \$50.00	\$0.00
INDEP. CLAIMS	5 -	5 =		X \$200.00	\$0.00
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>			\$180.00	\$
EXTENSION FEE	1ST MONTH <input type="checkbox"/> \$60.00	2ND MONTH <input type="checkbox"/> \$225.00	3RD MONTH <input type="checkbox"/> \$510.00	4TH MONTH <input type="checkbox"/> \$795.00	\$
Other Fees: RCE					\$790.00
		TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			\$790.00

No additional fee is required.
 Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
 A check in the amount of _____ to cover the filing fee is enclosed.
 A Credit Card Payment Form PTO-2038 is attached in the amount of \$790.00.
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Jeffrey R. Kuester, Reg. No. 34,367*8-26-05*

Date